

# ***SPECIAL EDUCATION ADVISORY PANEL (SEAP) NOMINATION FORM***

***Missouri Department of Elementary and Secondary Education  
P. O. Box 480, Jefferson City, Missouri 65102-0480  
Lina Browner, [Lina.Browner@dese.mo.gov](mailto:Lina.Browner@dese.mo.gov)  
573-751-5739 and 573-526-4404 (fax)***

*\*Please be sure to include city, state and zip for mailing address of nominee.*

<b>Name of person making the nomination</b>		<b>Phone number of person making the nomination</b>	
<b>Nominee</b>	<b>*Mailing address of nominee</b>		<b>Email address</b>
<b>Daytime phone number</b>	<b>Evening phone number</b>	<b>Fax number</b>	
<b>What "membership category" of the Special Education Advisory Panel does this nominee appear to fill? (complete all that apply)</b> <input type="checkbox"/> Parent of child with disabilities <input type="checkbox"/> Individual with disability <input type="checkbox"/> Teacher <input type="checkbox"/> Representative of an institution of higher education that prepares special education and related service personnel <input type="checkbox"/> State and/or local education official <input type="checkbox"/> Administrator of program for children with disabilities <input type="checkbox"/> Representative of private school and public charter school <input type="checkbox"/> Representative of at least one vocational, community or business organization concerned with the provision of transition services to children with disabilities			
<b>Has this person expressed interest in being nominated? Yes/No</b>		<b>Is the nominee able to attend four to six meetings in the mid Missouri area? Yes/No</b>	
<b>What qualifications does this nominee possess to provide representation on the Missouri Special Education Advisory Panel? Please respond considering the membership category for which the nominee may qualify to fill.</b>			
<b>What accommodation(s) does the nominee require, if any, to effectively participate as a SEAP member?</b>		<b>What other statewide or regional task force, advisory panel, or other such organizations is the nominee currently a member?</b>	
<b>Optional Information</b>			
<b>Race</b>	<b>Ethnicity</b>	<b>Other diversity or uniqueness the nominee would bring to the Panel.</b>	
<b>DESE is required to conduct Criminal Background checks on all individuals who are selected for possible appointment to the Special Education Advisory Panel before they can be officially appointed by the Commissioner of Education. Background checks take approximately two to four weeks.</b>			